



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 1516**

Bib Data Sheet

SERIAL NUMBER 10759,903	FILING DATE 01/16/2004 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 960377.CCB
----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

Lester A. LaMotte, Burnsville, MN;

**** CONTINUING DATA *******

This application is a CON of 09/767,442 01/23/2001
 which is a CIP of 09/480,108 01/10/2000 ABN
 which is a CIP of 08/878,745 06/19/1997 PAT 6,012,688
 which is a CIP of 08/738,805 10/28/1996 PAT 5,825,210

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 41	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23595
 NIKOLAI & MERSEREAU, P.A.
 900 SECOND AVENUE SOUTH
 SUITE 820
 MINNEAPOLIS , MN
 55402

TITLE

Collapsible display system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
----------------------------	---	--

RECEIVED 385	No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.18 Fees (Issue)					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					